Form **IT-40**
Revised 8/00
SF# 154

2000 **Indiana Full-Year Resident Individual Income Tax Return**

Due April 16, 2001

If you are **not** filing for the calendar year January 1 through December 31, 2000, enter period from: _____ to: _____

Your Social Security Number	Spouse's Social Security Number	Check the box if you are married filing separately.
A	B	C

Your first name	Initial	Last name
D	E	F

If filing a joint return, spouse's first name	Initial	Last name
G	H	I

Present address (number and street or rural route) (If you have a P.O. box, see page 5.)	School District Number (see page 34)
J	N

City	State	Zip Code + 4	Foreign Country (if applicable)
K	L	M	O

Enter the **2-digit county code** numbers (found on page 6 in the instruction booklet) for the county where you lived and worked on January 1, 2000.

Taxpayer

P

County where you lived — Q

County where you worked — R

Spouse

County where you lived — S

County where you worked

If you have a loss (or negative entry), please indicate so by placing it in a bracket. Example: (1.00)

Please round all entries to nearest whole dollar (see instructions, pg 7)

1. Enter your federal adjusted gross income from your federal return (see page 9) — 1
2. Tax Add-Back: certain taxes deducted from federal Schedule C, C-EZ, E, and/or F only .... — 2
3. Net operating loss carryforward from federal Form 1040, line 21, 'Other income' .... — 3
4. Income taxed on federal Form 4972 (attach Form 4972: see page 10) .... — 4
5. Add lines 1 through 4 ....**Total Indiana Income** ▶ — 5
6. Indiana deductions: Enter amount from Schedule 1, line 20 and attach Schedule 1 .... — 6
7. Line 5 minus line 6 .... **Indiana Adjusted Gross Income** ▶ — 7
8. Number of exemptions claimed on your federal return [ ] x $1,000.
   (If no federal return was filed, enter $1,000 per qualifying person: see page 15.) .... — 8 — 00
9. Additional exemption for certain dependent children (see page 15).
   Enter number [ ] x $1,500 .... — 9 — 00
10. Check box(es) below for additional exemptions if, by December 31, 2000:
    You were: [ ] 65 or older [ ] or blind. Spouse was: [ ] 65 or older [ ] or blind.
    Total the Number of boxes checked [ ] x $1,000. .... — 10 — 00
11. Check box(es) below for additional exemptions if, by December 31, 2000:
    You were: [ ] 65 or older and line 1 above is less than $40,000.
    Spouse was: [ ] 65 or older and line 1 above is less than $40,000.
    Total the number of box(es) checked [ ] x $500 .... — 11 — 00
12. Add lines 8, 9, 10 and 11 ....**Total Exemptions** ▶ — 12 — 00
13. Line 7 minus line 12 (if answer is less than zero, leave blank) .... **State Taxable Income** ▶ — 13
14. State adjusted gross income tax: Multiply line 13 by 3.4% (.034) .... — 14
15. County income tax. See instructions on page 15 .... — 15
16. Use tax due on out-of-state purchases (see page 18) .... — 16
17. Household employment taxes: Attach Schedule IN-H (see page 19) .... — 17
18. Add lines 14 through 17. Enter here and on line 26 on the back .... **Total Tax** ▶ — 18
19. Indiana state tax withheld: (From box 18 of your W-2s, box A of WH-18s or from 1099s) .... — 19
20. Indiana county tax withheld: (From box 21 of your W-2s, box B of WH-18s or from 1099s) .... — 20
21. 2000 Estimated tax paid: Include any extension payment made on Form IT-9 .... — 21
22. Unified tax credit for the elderly: see instructions on page 20 .... — 22
23. Earned income credit: Enter amount from Section D, line D4 and attach Schedule IN-EIC .... — 23
24. Indiana credits: Enter the total from Schedule 2, line 12 and attach Schedule 2 .... — 24
25. Add lines 19 through 24. Enter here and on line 27 on the back ....**Total Credits** ▶ — 25

AA [ ] BB [ ] CC [ ] DD [ ]

Turn the page ☞

Staple W-2 forms on the front of this page only between Lines 1 and 25

Paperclip check or money order here